



**Direct Member Reimbursement Form**

**Directions: Please read and fill out the entire form.**

1. You must fill out this entire form in order for us to process your claim(s)
2. Attach all prescription receipt(s) to the back of this form
3. The receipt(s) must have all of the following information:
  - Rx number
  - date filled
  - pharmacy name
  - physician name
  - drug name
  - strength
  - quantity and prescription charge

\*\*\*\*Store cash register receipt(s) will not be accepted. The receipt(s) **MUST** contain the above information\*\*\*\*

Molina Dual Options MI Health Link  
 Medicare-Medicaid Plan  
 Attention: Pharmacy Department  
 7050 Union Park Center Suite 200  
 Midvale, UT 84047

4. Sign form and mail receipt(s) to:

5. If you have any questions or concerns please call Member Service at (855) 735-5604, TTY users should call 711. We are available, Monday - Friday, 8a.m. to 8p.m., EST.

**Member Information: (This is the individual considered to be the cardholder.) Please Print**

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Prescription Information:**

Rx Number	Date Rx Filled	Pharmacy Name & NPI Number	Drug Name	Strength	Quantity & Day Supply	Amount You Paid

Molina Dual Options MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., EST. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.